

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) C
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan MYCOMPASS AMERICAN FUNDS 2015 FUND
1b Three-digit plan number (PN) 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GREAT GRAY TRUST COMPANY, LLC 6725 VIA AUSTI PARKWAY, SUITE 260 LAS VEGAS, NV 89119
2b Employer Identification Number (EIN) 38-7271364
2c Plan Sponsor's telephone number 866-427-6885
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MYCOMPASS AMERICAN FUNDS 2015 FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-7271364</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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b Name of sponsor of entity listed in (a):

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d Entity code

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d Entity code

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 3B HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor 3B HOLDINGS, INC.	c EIN-PN 26-3497134-001
a	Plan name ABSOLUTE HCBS 401(K) PLAN	
b	Name of plan sponsor ABSOLUTE HCBS, LLC	c EIN-PN 26-4127668-001
a	Plan name AEGIS PROTECTIVE SERVICES 401K PLAN	
b	Name of plan sponsor DANSON INC	c EIN-PN 31-1374802-002
a	Plan name AFFILIATED FOOT SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AFFILIATED FOOT SURGEONS, P.C.	c EIN-PN 06-1372809-001
a	Plan name AINSMAN, LEVINE LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AINSMAN, LEVINE, LLC	c EIN-PN 61-1433710-001
a	Plan name AKMAN & ASSOCIATES, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor AKMAN & ASSOCIATES, LLC	c EIN-PN 81-1469703-001
a	Plan name ALISON'S BAKERY, INC. 401(K) PLAN	
b	Name of plan sponsor ALISONS BAKERY, INC.	c EIN-PN 82-5508035-001
a	Plan name ALLIANCE AVIATION GROUP 401(K) PLAN	
b	Name of plan sponsor ALLIANCE AVIATION GROUP LLC	c EIN-PN 84-2260550-001
a	Plan name AMERICAN APPAREL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN APPAREL, INC.	c EIN-PN 63-0957038-001
a	Plan name AMERICAN CRANE & TRACTOR PARTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN CRANE & TRACTOR PARTS, INC.	c EIN-PN 43-1451746-001
a	Plan name AMERICAN TECHNOLOGY COMPONENTS, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICAN TECHNOLOGY COMPONENTS, INC	c EIN-PN 35-1688483-001
a	Plan name APEX ANODIZING, INC.401(K) PLAN	
b	Name of plan sponsor APEX ANODIZING, INC.	c EIN-PN 93-1162310-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	APPLIED HEALTH CARE NURSING DIVISION, INC. 401(K) PLAN	
b	Name of plan sponsor	APPLIED HEALTH CARE NURSING DIVISION, INC.	c EIN-PN 76-0465568-001
a	Plan name	ARMSTRONG RELOCATION & COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	ARMSTRONG RELOCATION & COMPANIES, LLC	c EIN-PN 84-3131690-001
a	Plan name	ARNOLD HEALTHMART DRUG COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	STANLEY AND WATTS, INC.	c EIN-PN 62-1616186-001
a	Plan name	ASH DENTAL, PC PLAN	
b	Name of plan sponsor	ASH DENTAL, PC	c EIN-PN 20-3398164-001
a	Plan name	ASSOCIATED FIRE PROTECTION, INC EMPLOYEE'S RETIREMENT PLAN	
b	Name of plan sponsor	ASSOCIATED FIRE PROTECTION, INC	c EIN-PN 56-1037764-002
a	Plan name	AT HOBEL EXCAVATING 401(K) PLAN	
b	Name of plan sponsor	A.T. HOBEL EXCAVATING, LLC	c EIN-PN 46-2877664-001
a	Plan name	ATLANTA AIRLINES TERMINAL COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ATLANTA AIRLINES TERMINAL COMPANY	c EIN-PN 58-1372434-002
a	Plan name	ATTABOTICS US, CORP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ATTABOTICS (US), CORP.	c EIN-PN 30-1056452-001
a	Plan name	ATTENDANT CARE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	ATTENDANT CARE COMPANIES, LLC	c EIN-PN 80-0870288-001
a	Plan name	AUSTERMILLER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUSTERMILLER, INC.	c EIN-PN 20-4309108-001
a	Plan name	AVALON BUSINESS ENGINEERING SERVICES 401(K) PROFIT SHARING P	
b	Name of plan sponsor	AVALON BUSINESS ENGINEERING SERV	c EIN-PN 27-1904708-001
a	Plan name	AVALON COPY CENTERS OF AMERICA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AVALON COPY CENTERS OF AMERICA, INC.	c EIN-PN 14-1821550-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AZPROTOTYPE INC 401(K) PROFIT	
b	Name of plan sponsor	AZPROTOTYPE INC	c EIN-PN 27-0225378-001
a	Plan name	BAKERSFIELD AUTO GROUP RETIREMENT PLAN	
b	Name of plan sponsor	BAKERSFIELD AUTO GROUP, LLC	c EIN-PN 85-2598138-001
a	Plan name	BARTRAM ELECTRIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BARTRAM ELECTRIC	c EIN-PN 83-2304808-001
a	Plan name	BEACON RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BEACON PROPERTY MANAGEMENT, LLC.	c EIN-PN 61-1325973-001
a	Plan name	BECKERING ADVISOR, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BECKERING ADVISOR, INC.	c EIN-PN 38-3204143-001
a	Plan name	BENEFITS, INC. 401(K) PLAN	
b	Name of plan sponsor	BENEFITS, INC.	c EIN-PN 76-0718920-001
a	Plan name	BOHLSSEN RESTAURANT GROUP	
b	Name of plan sponsor	RESTAURANT MANAGEMENT, INC.	c EIN-PN 11-3480253-001
a	Plan name	BOUNDS HEATING & AIR 401(K) PLAN	
b	Name of plan sponsor	BOUNDS HEATING & AIR, INC.	c EIN-PN 59-2903161-001
a	Plan name	BRACKETT 401(K) PLAN	
b	Name of plan sponsor	BRACKETT AIRCRAFT CO., INC.	c EIN-PN 86-0353909-001
a	Plan name	C.A.R.E.S. OF WESTERN PA, INC. 401(K) PLAN	
b	Name of plan sponsor	C.A.R.E.S. OF WESTERN PA, INC	c EIN-PN 47-4777612-001
a	Plan name	CAPITAL EXTENSION CRANE & LIFT RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	CAPITAL EXTENSION CRANE & LIFT	c EIN-PN 85-2881121-001
a	Plan name	CARLTON NATIONAL RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor	CARLTON NATIONAL RESOURCES, INC.	c EIN-PN 45-2821519-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CAROLINA RHEUMATOLOGY & INTERNAL MEDICINE, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAROLINA RHEUMATOLOGY & INTERNAL MEDICINE, PA	c EIN-PN 26-4826577-001
a	Plan name CAROLINAS HOME CARE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor CAROLINAS HOME CARE AGENCY, INC.	c EIN-PN 56-1964126-001
a	Plan name CDA, PLLC 401(K) PLAN	
b	Name of plan sponsor CRAIG, DEACHMAN & ASSOCIATES, PLLC	c EIN-PN 20-4475061-001
a	Plan name CENTER FOR EMOTIONAL HEALTH 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CENTER FOR EMOTIONAL HEALTH	c EIN-PN 47-1264701-001
a	Plan name CENTRAL INSULATION & ROOFING 401K PLAN & TRUST	
b	Name of plan sponsor CENTRAL INSULATION & ROOFING	c EIN-PN 47-0666939-001
a	Plan name CENTURY INSTRUMENT COMPANY EMPLOYEE'S PROFIT SHARING TRUST	
b	Name of plan sponsor CENTURY INSTRUMENT COMPANY	c EIN-PN 38-1399724-001
a	Plan name CERIFI, LLC 401 (K) P/S PLAN	
b	Name of plan sponsor CERIFI, LLC	c EIN-PN 82-0918913-001
a	Plan name CETIS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CETIS, INC.	c EIN-PN 20-4551929-001
a	Plan name CHATTANOOGA GOODWILL INDUSTRIES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CHATTANOOGA GOODWILL INDUSTRIE	c EIN-PN 62-0544853-001
a	Plan name CHOICES OF ST. JOSEPH, INC. 401(K) PLAN	
b	Name of plan sponsor CHOICES OF ST. JOSEPH, INC.	c EIN-PN 43-1656361-001
a	Plan name CHRIST COMMUNITY HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor CHRIST COMMUNITY HEALTH SERVICES	c EIN-PN 62-1583270-001
a	Plan name CITY VENTURES 401(K) PLAN	
b	Name of plan sponsor CITY VENTURES PROFESSIONAL SERVICES, LLC	c EIN-PN 82-3678714-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CLEMENTS' MARKETPLACE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLEMMENTS MARKETPLACE, INC.	c EIN-PN 05-0389042-001
a	Plan name	CMG OF EASTON, INC. 401(K) PLAN	
b	Name of plan sponsor	CMG OF EASTON, INC.	c EIN-PN 23-2067372-001
a	Plan name	COILTRAN LLC 401(K) PLAN	
b	Name of plan sponsor	COILTRAN LLC	c EIN-PN 35-1280475-333
a	Plan name	CONDOR RELIABILITY SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CONDOR RELIABILITY SERVICES, INC.	c EIN-PN 94-2769957-001
a	Plan name	CONGREGATIONAL HOME, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CONGREGATIONAL HOME, INC.	c EIN-PN 39-1167483-001
a	Plan name	CONSUMERS INSURANCE AGENCY RETIREMENT PLAN	
b	Name of plan sponsor	CONSUMERS INSURANCE AGENCY	c EIN-PN 23-2348852-001
a	Plan name	COOLEY MOTORS CORP 401K PLAN	
b	Name of plan sponsor	COOLEY MOTORS CORP.	c EIN-PN 14-1491138-003
a	Plan name	CORY MANUFACTURING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CORY MANUFACTURING COMPANY	c EIN-PN 25-1802644-003
a	Plan name	COUNTRY COOLING & HEATING INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	COUNTRY COOLING & HEATING INC.	c EIN-PN 55-0862088-001
a	Plan name	CRAFTLINE GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor	CRAFTLINE GRAPHICS, INC.	c EIN-PN 27-0964590-001
a	Plan name	CRANBERRY CONSULTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRANBERRY CONSULTING COMPANY LLC	c EIN-PN 92-2538814-001
a	Plan name	CREWS & GREGORY FIRE SPRINKLERS 401(K) PLAN	
b	Name of plan sponsor	CREWS & GREGORY FIRE SPRINKLERS, INC.	c EIN-PN 54-1834234-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CROWN PRODUCTS CO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CROWN PRODUCTS COMPANY, INC.	c EIN-PN 59-1038302-001
a	Plan name	CUMMINGS & BRICKER, INC. 401(K) PLAN	
b	Name of plan sponsor	CUMMINGS & BRICKER INC	c EIN-PN 16-0869006-001
a	Plan name	CUSTOM CONTROL MANUFACTURER OF KANSAS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	CUSTOM CONTROL MANUFACTURER OF KANSAS, INC.	c EIN-PN 48-0858597-001
a	Plan name	CW VETERINARY SERVICES 401K RETIREMENT PLAN	
b	Name of plan sponsor	CW VET SERVICES DBA GRAND PAWS ANIMAL CLINIC	c EIN-PN 20-4593444-001
a	Plan name	DANTE VALVE COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	DANTE VALVE COMPANY	c EIN-PN 95-2985139-002
a	Plan name	DAVID SHAPIRO LAW, PLLC 401(K) PLAN	
b	Name of plan sponsor	DAVID SHAPIRO LAW, PLLC	c EIN-PN 82-2310986-001
a	Plan name	DERMPHYSICIANS OF NEW ENGLAND 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DERMPHYSICIANS OF NEW ENGLAND	c EIN-PN 83-2916287-001
a	Plan name	DI LEO & ASSOCIATES 401K PLAN	
b	Name of plan sponsor	DI LEO & ASSOCIATES	c EIN-PN 16-1598232-001
a	Plan name	DIAMOND RETIREMENT PLAN	
b	Name of plan sponsor	DIAMOND BROS. LLC	c EIN-PN 47-2856766-001
a	Plan name	DOROTHY LANE MARKET, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DOROTHY LANE MARKET, INC.	c EIN-PN 31-0561868-003
a	Plan name	DOUBEK PYFER & STORRAR 401(K) PLAN	
b	Name of plan sponsor	DOUBEK PYFER & STORRAR PLLP	c EIN-PN 81-4605394-002
a	Plan name	DOWNEAST WINDJAMMER 401(K) PLAN	
b	Name of plan sponsor	DOWNEAST WINDJAMMER CRUISE LINES, LLC	c EIN-PN 46-3855526-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DRIVE SOCIAL MEDIA, LLC 401(K) PLAN	
b	Name of plan sponsor	DRIVE SOCIAL MEDIA, LLC	c EIN-PN 46-0705358-001
a	Plan name	DRUG RECOVERY INC. 401(K) PLAN	
b	Name of plan sponsor	DRUG RECOVERY, INC. D/B/A CATALYST BEHAVIORAL SERVICES	c EIN-PN 73-0968383-002
a	Plan name	DUBLIN CONTRACTORS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DUBLIN CONTRACTORS, INC.	c EIN-PN 39-1487951-001
a	Plan name	EARTHWISE PLASTICS INC. 401(K) PLAN	
b	Name of plan sponsor	EARTHWISE PLASTICS INC.	c EIN-PN 27-1506274-001
a	Plan name	EDGEWOOD SENIOR SOLUTIONS GROUP 401(K) PLAN	
b	Name of plan sponsor	EDGEWOOD RETIREMENT COMMUNITY, INC.	c EIN-PN 04-3195775-001
a	Plan name	EMGS INC	
b	Name of plan sponsor	EMGS INC	c EIN-PN 58-2255665-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF GIRL SCOUTS OF WESTERN NEW YORK, INC.	
b	Name of plan sponsor	GIRL SCOUTS OF WESTERN NEW YORK, IN	c EIN-PN 16-0743096-003
a	Plan name	EMPLOYEE PROFIT SHARING PLAN OF ALLISON & HAINEY, INC, DBA CONCRETE CORING COMPANY	
b	Name of plan sponsor	ALLISON & HAINEY, INC	c EIN-PN 84-0614180-001
a	Plan name	EQUITAS LAW PARTNERS 401K PLAN	
b	Name of plan sponsor	EQUITAS LAW PARTNERS LLP	c EIN-PN 92-1854869-001
a	Plan name	ESO MANAGEMENT LLC 401K PLAN	
b	Name of plan sponsor	ORTHO SPORT AND SPINE PHYSICIANS LLC	c EIN-PN 46-4698144-001
a	Plan name	EXCLUSIVE CONCEPTS INC 401 K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	EXCLUSIVE CONCEPTS INC.	c EIN-PN 22-3740294-001
a	Plan name	FAR WEST SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	FAR WEST SERVICES, LLC	c EIN-PN 83-3343839-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	FEG 401(K) PLAN
b	Name of plan sponsor	FAMILY ENTERTAINMENT GROUP, LLC
c	EIN-PN	47-4038225-001
a	Plan name	FISHER BUS, INC. 401(K) PLAN
b	Name of plan sponsor	FISHER BUS, INC.
c	EIN-PN	04-2694772-001
a	Plan name	GARDNER GLASS PRODUCTS, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	GARDNER GLASS PRODUCTS, INC.
c	EIN-PN	56-0747440-003
a	Plan name	GLENN STEARNS, CHAPTER 13 TRUSTEE 401(K) PLAN
b	Name of plan sponsor	GLENN STEARNS, CHAPTER 13 TRUSTEE
c	EIN-PN	36-7285830-001
a	Plan name	GRANITE VNA, INC.'S 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GRANITE VNA, INC.
c	EIN-PN	02-0222122-003
a	Plan name	GRAY ASSOCIATES 401(K) SAVINGS PLAN
b	Name of plan sponsor	GRAY ELDER LAW, LLC
c	EIN-PN	26-3359031-001
a	Plan name	GREATER CLEVELAND HABITAT FOR HUMANITY, INC. 401(K) PLAN
b	Name of plan sponsor	GREATER CLEVELAND HABITAT FOR HU
c	EIN-PN	31-1209423-002
a	Plan name	GRIFFIN BROTHERS HUMAN CAPITAL, LLC RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	GRIFFIN BROTHERS HUMAN CAPITAL, LLC
c	EIN-PN	88-4320509-002
a	Plan name	GRUBER SYSTEMS, INC. EMPLOYEES' INVESTMENT PLAN
b	Name of plan sponsor	GRUBER SYSTEMS, INC.
c	EIN-PN	95-2508984-001
a	Plan name	H&H AUTOMOTIVE PROFIT SHARING PLAN
b	Name of plan sponsor	H&H AUTOMOTIVE LLC
c	EIN-PN	26-1424298-002
a	Plan name	HABITAT FOR HUMANITY GREATER GARLAND 401(K) PLAN
b	Name of plan sponsor	GARLAND HABITAT
c	EIN-PN	75-2499430-001
a	Plan name	HEADLANDS RESEARCH 401(K)PLAN
b	Name of plan sponsor	HEADLANDS RESEARCH INC
c	EIN-PN	83-0520149-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HEARTLAND CARDIOLOGY, P.C. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HEARTLAND CARDIOLOGY, P.C.	c EIN-PN 91-1818386-001
a	Plan name	HETTICH AMERICA L.P. 401(K) PLAN	
b	Name of plan sponsor	HETTICH AMERICA L.P.	c EIN-PN 22-2965482-001
a	Plan name	HIGHLAND TRADERS, LLC 401(K) PLAN	
b	Name of plan sponsor	HIGHLAND TRADERS, LLC	c EIN-PN 26-4389938-001
a	Plan name	HOCKING VALLEY BANK EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	THE HOCKING VALLEY BANK	c EIN-PN 31-0670126-002
a	Plan name	HUNGENBERG PRODUCE 401(K) PLAN	
b	Name of plan sponsor	HUNGENBERG PRODUCE, INC	c EIN-PN 84-1066875-001
a	Plan name	IEM 401(K) PLAN	
b	Name of plan sponsor	INNOVATION EVENT MANAGEMENT	c EIN-PN 26-0018301-001
a	Plan name	IFG PROFIT SHARING PLAN	
b	Name of plan sponsor	IFG PROJECT RESOURCING, LLC	c EIN-PN 20-4701946-001
a	Plan name	JAMF SOFTWARE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JAMF SOFTWARE, LLC	c EIN-PN 56-2286814-001
a	Plan name	JOHN HOLMLUND NURSERY LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JOHN HOLMLUND NURSERY LLC	c EIN-PN 42-1615132-001
a	Plan name	KAY & KAY CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor	KAY & KAY CONTRACTING, INC.	c EIN-PN 61-0911949-002
a	Plan name	KING BRANDS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KING BRANDS, LLC	c EIN-PN 20-4704142-001
a	Plan name	KINNEY & LANGE, P.A. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	KINNEY & LANGE, P.A.	c EIN-PN 41-1379296-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KOL-GOL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KOL-GOL, INC.	c EIN-PN 42-1096238-001
a	Plan name	L&L CONCRETE INC 401K PLAN	
b	Name of plan sponsor	L&L CONCRETE INC	c EIN-PN 55-0814493-001
a	Plan name	L.P. INDUSTRIES, INC. DBA SYKES ACE HARDWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	L.P. INDUSTRIES, INC.	c EIN-PN 59-2362599-002
a	Plan name	LACERTA GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	LACERTA GROUP, LLC	c EIN-PN 04-3180539-001
a	Plan name	LANCASTER COMMERCIAL PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor	LANCASTER COMMERCIAL PRODUCTS, LLC	c EIN-PN 46-2148876-001
a	Plan name	LANZI, BURKE AND ASSOCIATES, L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LANZI, BURKE AND ASSOCIATES, L.L.C.	c EIN-PN 43-2055285-001
a	Plan name	LAUFER TRUCKING 401K PLAN	
b	Name of plan sponsor	LAUFER TRUCKING INC	c EIN-PN 39-1621595-001
a	Plan name	LAWLERS SOUTHERN FOODS III 401(K) PLAN	
b	Name of plan sponsor	LAWLERS SOUTHERN FOODS III	c EIN-PN 63-1242547-001
a	Plan name	LEAHY PRESS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LEAHY PRESS, INC.	c EIN-PN 03-0265871-001
a	Plan name	LEARY BRIDE MERGNER & BONGIOVANNI PA 401K RETIREMENT PLAN	
b	Name of plan sponsor	LEARY BRIDE MERGNER & BONGIOVANNI P.A.	c EIN-PN 22-2445655-001
a	Plan name	LEGACY OPERATING CO, LLC 401K PLAN 002	
b	Name of plan sponsor	LEGACY OPERATING COMPANY, LLC	c EIN-PN 84-3242066-002
a	Plan name	LEOMINSTER CREDIT UNION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEOMINSTER CREDIT UNION	c EIN-PN 04-2348884-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LEXIPOL COMPANY RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	LEXIPOL, LLC	c EIN-PN 71-0934113-001
a	Plan name	LITTLE LIGHTHOUSE CHILDREN'S REHAB RETIREMENT PLAN	
b	Name of plan sponsor	LITTLE LIGHTHOUSE CHILDRENS REHAB, LLC	c EIN-PN 42-1659321-001
a	Plan name	LIVEWELL ALLIANCE, INC. 401(K) PLAN	
b	Name of plan sponsor	LIVEWELL ALLIANCE, INC.	c EIN-PN 22-3068632-001
a	Plan name	LUGENBUHL PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LUGENBUHL,WHEATON, PECK, RANKIN & HUBBARD A LAW CORPORATION	c EIN-PN 72-1054034-001
a	Plan name	MAMMOTH HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAMMOTH HOLDINGS, LLC	c EIN-PN 03-0407534-003
a	Plan name	MARCOU TRANSPORTATION GROUP 401(K) PLAN	
b	Name of plan sponsor	HARRISON GLOBAL, LLC	c EIN-PN 45-4213532-001
a	Plan name	MASCHMEYER CONCRETE COMPANY 401(K) PLAN	
b	Name of plan sponsor	MASCHMEYER CONCRETE COMPANY OF FLORIDA	c EIN-PN 31-1207217-001
a	Plan name	MAZZOTTA RENTALS, INC. 401(K) PLAN	
b	Name of plan sponsor	MAZZOTTA RENTALS, INC.	c EIN-PN 06-1299919-001
a	Plan name	MESSIANIC VISION 401(K) PLAN	
b	Name of plan sponsor	THE MESSIANIC VISION, INC.	c EIN-PN 52-1081247-001
a	Plan name	METROWEST SUBARU, LLC 401(K) PLAN	
b	Name of plan sponsor	METROWEST SUBARU, LLC	c EIN-PN 20-3667093-002
a	Plan name	MICRON SOLUTIONS, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	MICRON SOLUTIONS, INC.	c EIN-PN 72-0925679-002
a	Plan name	MODERN PHYSICAL THERAPY AND SPORTS MEDICINE 401(K) PLAN	
b	Name of plan sponsor	MODERN SPORTS MEDICINE, LLC	c EIN-PN 84-3032154-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name MOLLY PITCHER-OYSTER POINT HOTEL 401(K) PLAN	
b	Name of plan sponsor MOLLY PITCHER INN	c EIN-PN 22-3140216-001
a	Plan name MONTEREY PENINSULA COUNTRY CLUB 401(K) PROFIT	
b	Name of plan sponsor MONTEREY PENINSULA COUNTRY CLUB	c EIN-PN 94-1451412-002
a	Plan name MORGAN & BROTHER MANHATTAN STORAGE CO., INC. 401(K) PLAN	
b	Name of plan sponsor MORGAN & BROTHER MANHATTAN STORAGE CO., INC.	c EIN-PN 13-1815744-001
a	Plan name MORRIS AND CARMICHAEL, DDS 401(K) PLAN	
b	Name of plan sponsor MORRIS AND CARMICHAEL 1, DDS PLLC DBA SHALLOTTE FAMILY DENTISTRY	c EIN-PN 32-0339362-001
a	Plan name MORRISON BROTHERS BUILDING CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MORRISON BROTHERS BUILDING CENTER, LLC	c EIN-PN 20-3979168-001
a	Plan name MORRISON ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor MORRISON ENTERPRISES, LLC	c EIN-PN 48-1027017-001
a	Plan name MOSES GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor MOSES GROUP, INC.	c EIN-PN 16-1292516-001
a	Plan name MOUNT MANSFIELD DENTISTRY 401(K) PLAN	
b	Name of plan sponsor B AND J DENTAL PLLC MOUNT MANSFIELD	c EIN-PN 87-1538990-001
a	Plan name MRCC RETIREMENT PLAN	
b	Name of plan sponsor JARIDLY CORPORATION DBA MR. CABINET CARE	c EIN-PN 33-0383732-001
a	Plan name MS PAIN, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MS PAIN, LLC	c EIN-PN 62-1512849-001
a	Plan name NASONVILLE DAIRY, INC. RETIREMENT PLAN	
b	Name of plan sponsor NASONVILLE DAIRY, INC.	c EIN-PN 39-1531117-001
a	Plan name NATIONAL BLANKING, LLC 401(K) PLAN	
b	Name of plan sponsor NATIONAL BLANKING, LLC	c EIN-PN 81-3501904-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NATIONAL MATERIAL PROCESSING, LLC PLANT 1 UNION 401(K) PLAN	
b	Name of plan sponsor NATIONAL MATERIAL, L.P.	c EIN-PN 90-0905915-002
a	Plan name NATIONAL MATERIAL, L.P. DEFERRED COMPENSATION PLAN 401(K)	
b	Name of plan sponsor NATIONAL MATERIAL, L.P.	c EIN-PN 36-3559267-004
a	Plan name NAUMANN/HOBBS MATERIAL HANDLING, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor NAUMANN/HOBBS MATERIAL HANDLING, INC.	c EIN-PN 36-4596041-001
a	Plan name NAVIA BENEFIT SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor NAVIA BENEFIT SOLUTIONS	c EIN-PN 91-1467758-001
a	Plan name NEXTMUNE 401(K) PLAN	
b	Name of plan sponsor NEXTMUNE US LLC	c EIN-PN 35-2589699-001
a	Plan name NORTH BAY AVIATION 401K PLAN	
b	Name of plan sponsor NORTH BAY AVIATION	c EIN-PN 68-0424022-001
a	Plan name NORTH COUNTRY HYDRAULICS, INC. 401(K) PLAN	
b	Name of plan sponsor NORTH COUNTRY HYDRAULICS, INC.	c EIN-PN 11-3648820-001
a	Plan name NORTHWIND 401K RETIREMENT PLAN	
b	Name of plan sponsor NORTHWIND PHARMACEUTICALS, LLC	c EIN-PN 30-0066778-001
a	Plan name NPPG 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHEAST PROFESSIONAL PLANNING GROUP, INC. DBA NATIONAL PROFESSIONAL	c EIN-PN 22-3349752-002
a	Plan name NWD, INC. RETIREMENT PLAN	
b	Name of plan sponsor N.W.D., INC.	c EIN-PN 04-2805862-001
a	Plan name OCMULGEE PHYSICIANS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OCMULGEE PHYSICIANS, LLC	c EIN-PN 45-3976537-001
a	Plan name OFFICE360 401(K) PLAN	
b	Name of plan sponsor OFFICE THREE SIXTY, INC.	c EIN-PN 35-2142678-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	OHB, INC.401(K) PLAN	
b	Name of plan sponsor	OHB, INC.	c EIN-PN 56-1881070-001
a	Plan name	ORCHARD GROUP PROFIT SHARING PLAN	
b	Name of plan sponsor	ORCHARD GROUP PROFIT SHARING PLAN	c EIN-PN 36-3855072-002
a	Plan name	ORION INTEGRATED SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	ORION INTEGRATED SYSTEMS	c EIN-PN 20-8178220-002
a	Plan name	OWENS CAROLINA ORTHOTIC AND PROSTHETIC, INC. NETWORK 401(K) PLAN	
b	Name of plan sponsor	OWENS CAROLINA ORTHOTIC	c EIN-PN 56-1634753-001
a	Plan name	PAIR GAIN COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAIR GAIN COMMUNICATIONS, INC.	c EIN-PN 16-1388193-001
a	Plan name	PAR HOSPITALITY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAR HOSPITALITY, LLC	c EIN-PN 04-3307911-001
a	Plan name	PARAGON EVENTS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PARAGON EVENTS INC	c EIN-PN 65-0159963-001
a	Plan name	PARAGON SPORTS CONSTRUCTORS 401K PLAN	
b	Name of plan sponsor	PARAGON SPORTS CONSTRUCTORS LLC	c EIN-PN 27-0838912-001
a	Plan name	PARK CITY DRILLING TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	PARK CITY DRILLING TECHNOLOGIES LLC	c EIN-PN 82-1177999-001
a	Plan name	PAWLIK SUPPLY CO. 401(K) PLAN	
b	Name of plan sponsor	PAWLIK SUPPLY COMPANY	c EIN-PN 74-1944889-001
a	Plan name	PENINSULA HARDWARE 401(K) PLAN	
b	Name of plan sponsor	JTD INC. T/A ACE PENINSULA HARDWARE	c EIN-PN 54-1325423-001
a	Plan name	PIONEER PLASTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PIONEER PLASTICS, INC.	c EIN-PN 61-0623231-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PJR ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	PJR ENTERPRISES, INC.	c EIN-PN 36-3317191-001
a	Plan name	PMC, INC. 401(K) PLAN	
b	Name of plan sponsor	PMC COMMERCIAL INTERIORS, INC.	c EIN-PN 45-3336175-001
a	Plan name	POWERS OF ARKANSAS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	POWERS OF ARKANSAS, INC.	c EIN-PN 71-0606308-001
a	Plan name	PREMIER METAL WORKS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PREMIER METAL WORKS, INC.	c EIN-PN 36-1643990-001
a	Plan name	PRESTIGE FIRE PROTECTION GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE FIRE PROTECTION GROUP, INC	c EIN-PN 92-3503917-001
a	Plan name	PRESTON HEALTH SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PRESTON HEALTH SERVICES, INC.	c EIN-PN 20-3000448-001
a	Plan name	PRIDE FAMILY MARKET 401(K) PLAN	
b	Name of plan sponsor	PRIDE FAMILY MARKET, INC	c EIN-PN 30-0138004-001
a	Plan name	PRIMARY CARE PHYSICIANS OF JOL 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PRIMARY CARE PHYSICIANS OF JOL	c EIN-PN 82-3096414-001
a	Plan name	PRIME DOWNHOLE MANUFACTURING, LLC 401K PLAN	
b	Name of plan sponsor	PRIME DOWNHOLE MANUFACTURING LLC	c EIN-PN 37-1789035-001
a	Plan name	PRO THERAPY SERVICES 401(K) PLAN	
b	Name of plan sponsor	PRO THERAPY SERVICES	c EIN-PN 62-1746752-002
a	Plan name	QLER SOLUTIONS, INC. 401K PLAN	
b	Name of plan sponsor	QLER SOLUTIONS, INC.	c EIN-PN 83-1400843-001
a	Plan name	QUINCANNON ASSOCIATES, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	QUINCANNON ASSOCIATES, INC.	c EIN-PN 13-3496700-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RAY'S CORNER MARKET LLC 401(K) PLAN	
b	Name of plan sponsor	RAY'S CORNER MARKET LLC	c EIN-PN 20-3492645-001
a	Plan name	REGIMENT SECURITY PARTNERS LLC 401K PLAN	
b	Name of plan sponsor	REGIMENT SECURITY PARTNERS LLC	c EIN-PN 86-3615675-001
a	Plan name	RETIREMENT PATH POOLED EMPLOYER PLAN	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC	c EIN-PN 85-3213245-304
a	Plan name	REVER GRAND LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	REVER GRAND LLC	c EIN-PN 81-3727606-001
a	Plan name	RIGHT AT HOME 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SERVE FIRST LLC	c EIN-PN 93-4241235-001
a	Plan name	ROBERT C. HATTON, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERT C. HATTON, INC.	c EIN-PN 59-1116726-003
a	Plan name	ROBERT V. JENSEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERT V. JENSEN, INC.	c EIN-PN 94-2266370-002
a	Plan name	ROBUCK HOMES 401K PLAN	
b	Name of plan sponsor	ROBUCK HOMES	c EIN-PN 56-0932350-001
a	Plan name	RONALD MCDONALD HOUSE CHARITIES (TRIANGLE) 401K	
b	Name of plan sponsor	RONALD MCDONALD HOUSE CHARITIES OF THE TRIA	c EIN-PN 56-1220376-001
a	Plan name	ROUNDSTONE MANAGEMENT, LTD. 401(K) PLAN	
b	Name of plan sponsor	ROUNDSTONE MANAGEMENT, LTD.	c EIN-PN 27-0371422-001
a	Plan name	RPMG LA JOLLA, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	REPRODUCTIVE PARTNERS MEDICAL GROUP LA JOLLA, INC.	c EIN-PN 46-0528762-003
a	Plan name	S.T.A.R. 401K PLAN	
b	Name of plan sponsor	MASTER INTERNATIONAL CORPORATION	c EIN-PN 95-3000067-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SAMES, INC. 401(K) PLAN	
b	Name of plan sponsor SAMES, INC.	c EIN-PN 26-2941288-001
a	Plan name SAN ANTONIO COSMETIC SURGERY, P.A. 401(K) PLAN	
b	Name of plan sponsor SAN ANTONIO COSMETIC SURGERY, P.A.	c EIN-PN 61-1532574-001
a	Plan name SCHNEIDER'S DAIRY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SCHNEIDERS DAIRY, INC.	c EIN-PN 25-0990418-001
a	Plan name SECONDWIND WATER SYSTEMS, INC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor SECONDWIND WATER SYSTEMS, INC	c EIN-PN 02-0476531-001
a	Plan name SECURITY STATE BANK SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor SECURITY STATE BANK	c EIN-PN 73-0440370-002
a	Plan name SEPIRE, LLC 401(K) PLAN	
b	Name of plan sponsor SEPIRE, LLC	c EIN-PN 30-1111822-001
a	Plan name SHIELDS ELECTRONICS SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHIELDS ELECTRONICS SUPPLY, INC.	c EIN-PN 62-0852784-001
a	Plan name SNAP HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor SNAP FINANCE, LLC	c EIN-PN 81-0878051-001
a	Plan name SOUTH COAST GAS CO., INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTH COAST GAS CO., INC.	c EIN-PN 72-0366882-001
a	Plan name SOUTHERN AIRE CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor SOUTHERN AIRE CONTRACTING, INC.	c EIN-PN 20-3434904-001
a	Plan name SOUTHERN BIOTECHNOLOGY ASSOCIATES, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor SOUTHERN BIOTECHNOLOGY ASSOCIATES, INC.	c EIN-PN 63-0822754-001
a	Plan name SP VESSEL BUYER LLC 401(K) PLAN	
b	Name of plan sponsor SP VESSEL BUYER LLC	c EIN-PN 85-3313356-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	SPECIALTY SURGERY CENTER OF CNY 401(K) PLAN
b	Name of plan sponsor	SPECIALTY SURGERY CENTER OF CNY
c	EIN-PN	16-1549512-001
a	Plan name	SPEECH & LANGUAGE DEVELOPMENT CENTER 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SPEECH & LANGUAGE DEVELOPMENT CENTER
c	EIN-PN	95-2162129-001
a	Plan name	STAXCLINIC 401(K) PLAN
b	Name of plan sponsor	STAXCLINIC
c	EIN-PN	06-1822111-001
a	Plan name	SUNSET AUTO CORPORATE RETIREMENT PLAN
b	Name of plan sponsor	SUNSET AUTO COMPANY, INC.
c	EIN-PN	43-0543535-002
a	Plan name	SUTTON BANK EMPLOYEE STOCK OWNERSHIP & 401(K) PLAN
b	Name of plan sponsor	SUTTON BANK
c	EIN-PN	34-4369660-002
a	Plan name	TAAG 401(K) SALARY REDUCTION PLAN & TRUST
b	Name of plan sponsor	TAAG, INC.
c	EIN-PN	84-3551439-001
a	Plan name	TAX RISE INC 401K PLAN
b	Name of plan sponsor	TAX RISE INC
c	EIN-PN	82-4065754-001
a	Plan name	THE 401(K) PROFIT SHARING PLAN OF JEWISH HEALTHCARE CENTER, INC.
b	Name of plan sponsor	JEWISH HEALTHCARE CENTER, INC.
c	EIN-PN	04-2103803-004
a	Plan name	THE ARC PEP - THE ARC OF NORTH CAROLINA
b	Name of plan sponsor	THE ARC PEP - THE ARC OF NORTH CAROLINA
c	EIN-PN	57-0753097-404
a	Plan name	THE CARTER CLINIC, P.A. 401(K) PLAN
b	Name of plan sponsor	CARTER CLINIC, P.A.
c	EIN-PN	20-8743613-001
a	Plan name	THE HANOVER THEATRE RETIREMENT PLAN
b	Name of plan sponsor	THE HANOVER THEATRE
c	EIN-PN	05-0521735-001
a	Plan name	THE HEART CENTER 401K PLAN
b	Name of plan sponsor	THE HEART CENTER OF NORTHERN ANNE
c	EIN-PN	52-1459235-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE HENRI STERN WATCH AGENCY 401(K) PLAN	
b	Name of plan sponsor THE HENRI STERN WATCH AGENCY	c EIN-PN 13-1537970-002
a	Plan name THE HETRICK- MARTIN INSTITUTE 401K PLAN	
b	Name of plan sponsor THE HETRICK- MARTIN INSTITUTE	c EIN-PN 13-3104537-001
a	Plan name THE PATEL FIRM RETIREMENT PLAN	
b	Name of plan sponsor THE PATEL FIRM, PLLC	c EIN-PN 82-2640587-001
a	Plan name THE SAW 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE SAW, INC.	c EIN-PN 36-5043330-001
a	Plan name THE SUMMIT DENTAL GROUP, PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor THE SUMMIT DENTAL GROUP, PC	c EIN-PN 16-1005426-002
a	Plan name THRONE DEPOT, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor THRONE DEPOT, INC.	c EIN-PN 20-3844364-001
a	Plan name TOM BROWN, INC. 401(K) PLAN	
b	Name of plan sponsor TOM BROWN, INC.	c EIN-PN 25-0916837-001
a	Plan name TRALE MANOMET, INC. 401(K) PLAN	
b	Name of plan sponsor TRALE MANOMET, INC.	c EIN-PN 82-4594922-001
a	Plan name TRANSFORMATION CHURCH RETIREMENT PLAN	
b	Name of plan sponsor TRANSFORMATION CHURCH	c EIN-PN 27-1022006-001
a	Plan name TRANSITION STUDIOS LLC	
b	Name of plan sponsor TRANSITION STUDIOS LLC	c EIN-PN 47-1517241-001
a	Plan name TRANSITIONAL SERVICES OF NY FOR LONG ISLAND INC & HAVEN HOUSE/BRIDGES, INC. 401(K) PLAN	
b	Name of plan sponsor TRANSITIONAL SERVICES OF NY FOR LONG ISLAND, INC.	c EIN-PN 11-2592828-002
a	Plan name TREMAINE & ASSOCIATES 401K PLAN	
b	Name of plan sponsor TREMAINE & ASSOCIATES INC	c EIN-PN 68-0482868-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TREVETT CRISTO P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TREVETT CRISTO P.C.	c EIN-PN 16-1278314-001
a	Plan name TRI STATE KNIFE GRINDING, CORP. 401(K) PLAN	
b	Name of plan sponsor TRI STATE KNIFE GRINDING, CORP.	c EIN-PN 22-3805306-101
a	Plan name TRIAD GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor TRIAD GROUP, LLC	c EIN-PN 13-4091658-001
a	Plan name TRINITY MEP ENGINEERING RETIREMENT PLANS	
b	Name of plan sponsor TRINITY MEP ENGINEERING, LLC	c EIN-PN 51-0662503-001
a	Plan name TRIPLE CROSS PLUMBING & UTILITIES 401(K) PLAN	
b	Name of plan sponsor TRIPLE CROSS PLUMBING & UTILITIES, LTD	c EIN-PN 74-2775592-001
a	Plan name UBIQUITY MANAGEMENT	
b	Name of plan sponsor UBIQUITY MANAGEMENT, LLC	c EIN-PN 87-2902113-001
a	Plan name UCB OF SOUTHERN KENTUCKY 401(K) PLAN	
b	Name of plan sponsor UNITED CITIZENS BANK OF SOUTHERN KENTUCKY, INC.	c EIN-PN 20-1889823-001
a	Plan name UNCAS INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor UNCAS INTERNATIONAL, LLC	c EIN-PN 47-1328641-001
a	Plan name UNIFIED BUILDING GROUP 401(K) PLAN	
b	Name of plan sponsor UNIFIED BUILDING GROUP, LLC	c EIN-PN 27-3268030-001
a	Plan name UNITED DENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNITED DENTAL SERVICES, INC.	c EIN-PN 62-1125101-001
a	Plan name UNITED STATES VETERANS INITIATIVE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UNITED STATES VETERANS INITIATIVE	c EIN-PN 95-4382752-001
a	Plan name UNIVERSAL STAINLESS & ALLOY PRODUCTS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL STAINLESS & ALLOY PRODUCTS, INC.	c EIN-PN 25-1724540-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name US ASSET SERVICES LLC 401K PLAN	
b	Name of plan sponsor US ASSET SERVICES LLC	c EIN-PN 82-4906200-001
a	Plan name USAM1 LLC RETIREMENT PLAN	
b	Name of plan sponsor USAM1 LLC	c EIN-PN 88-3171276-001
a	Plan name VALVTECHNOLOGIES EMPLOYEES 401(K) PROFIT SHARING PLAN & TRUST - 755521-01	
b	Name of plan sponsor VALVTECHNOLOGIES INC	c EIN-PN 76-0266982-001
a	Plan name VERSTANDIG PENSION TRUST	
b	Name of plan sponsor VERSTANDIG & SONS, INC.	c EIN-PN 13-1819486-001
a	Plan name VOTUM ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor VOTUM ENTERPRISES LLC	c EIN-PN 85-2736149-001
a	Plan name WAEV, INC 401K PLAN	
b	Name of plan sponsor WAEV, INC.	c EIN-PN 87-3861274-001
a	Plan name WAKE FAMILY EYE CARE OD PA 401(K) P/S PLAN	
b	Name of plan sponsor WAKE FAMILY EYE CARE OD, PA	c EIN-PN 46-4745565-001
a	Plan name WASTE HAULER SUPPORT SERVICES 401(K) PLAN	
b	Name of plan sponsor WASTE HAULER SUPPORT SERVICES, LLC	c EIN-PN 26-4394816-001
a	Plan name WAVE DENTAL PROFESSIONALS 401(K) PLAN	
b	Name of plan sponsor TRALONGO, LLC DBA WAVE DENTAL PROFESSIONALS	c EIN-PN 35-2460202-001
a	Plan name WELKER, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WELKER, INC.	c EIN-PN 74-1760465-001
a	Plan name WESTBOROUGH COUNTRY CLUB 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WESTBOROUGH COUNTRY CLUB	c EIN-PN 43-0641050-001
a	Plan name WESTGATE, LLC 401K SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor WESTGATE, LLC.	c EIN-PN 72-0768707-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs) (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)
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a	Plan name	
	WESTGROUP DESIGNS, INC. 401(K) PLAN	
b	Name of plan sponsor	c EIN-PN
	WESTGROUP DESIGNS, INC.	33-0564931-001
a	Plan name	
	WORK OPPORTUNITIES UNLIMITED, INC. 401(K) PLAN	
b	Name of plan sponsor	c EIN-PN
	WORK OPPORTUNITIES UNLIMITED, INC.	02-0389023-001
a	Plan name	
	YMP REAL ESTATE MANAGEMENT, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	c EIN-PN
	YMP REAL ESTATE MANAGEMENT, LLC	45-3214345-001
a	Plan name	
	ZAYTOUN LAW FIRM, P.L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	c EIN-PN
	ZAYTOUN LAW FIRM, P.L.L.C.	26-4346893-001
a	Plan name	
	ZEIS GROUP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	c EIN-PN
	ZEIS GROUP, INC.	43-0709024-002
a	Plan name	
	ZUCKERMAN GRAVELY MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	c EIN-PN
	ZUCKERMAN GRAVELY MANAGEMENT, INC.	52-1804940-001
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MYCOMPASS AMERICAN FUNDS 2015 FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7271364

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	226
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2365346	690685
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9808575	16935286
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7953025	14186528
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	20126946	31812725
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	4452
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2364225	684147
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2364225	688599
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17762721	31124126

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	219089	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		219089
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1062345	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1062345
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		663408
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1944842

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	1203	
(5) Investment advisory and investment management fees	2i(5)	7362	
(6) Bank or trust company trustee/custodial fees	2i(6)	7362	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		15927
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15927

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1928915
l Transfers of assets:			
(1) To this plan	2l(1)		17684039
(2) From this plan	2l(2)		6251549

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.